## DURHAM TECHNICAL COMMUNITY COLLEGE REIMBURSEMENT REQUEST FORM

## **Internal Use Only**

## **INSTRUCTIONS**

- 1. Fill the form out completely for all non-trip related local mileage and other reimbursement requests.
- 2. The space designated for "Explanation" should include a brief description for each reimbursement request line.
- 3. Requester and supervisor must sign.
- 4. All documentation (receipts, invoices, canceled checks, etc.) should be attached. The original copy of documentation must be submitted including original invoices. We cannot pay from monthly statements. All receipts must include the vendors name and each receipt must indicate the item(s) purchased.

EMPLOYEE ID NUMBER:	
EMPLOYEE NAME:	
ADDRESS:	
GL ACCOUNT CODE:	
EXPLANATION OF REIMBURSEMENT	<u>AMOUNT</u>
	\$
	\$
	\$
	\$
	\$
TOTAL REI	MBURSEMENT: \$
	<u>DATE</u>
REQUESTED BY:	
APPROVED BY:	
FINANCE APPROVAL:	
BUSINESS C	OFFICE USE
Commodity Code: Pay	By: ACH Check
Voucher ID:	

Please email your completed form to accountspayable@durhamtech.edu for processing.